

FILED JUN 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1939

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1mo-7days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town ST. LOUIS 2317
(If outside city or town limits, write "RURAL")
(d) Street No. 2748 Sidney St.
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES STINSON

3. (b) If veteran, name war NO 3. (c) Social Security No. _____

4. Sex MALES 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HELEN STINSON 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased MARCH 25 1902
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 6 If less than one day hr _____ min _____

9. Birthplace MISSOURIA
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business
12. Name GEORGE STINSON
13. Birthplace INDIANA (City, town, or county) (State or foreign country)
14. Maiden name EVELYN HULL
15. Birthplace INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Stinson
(b) Address 2748 Sidney St.
17. (a) BURIAL (b) Date thereof JUNE 3-46
(Burial, cremation, or disposal) (Month) (Day) (Year)
(c) Place: burial or cremation CONCORDIA CEM.

18. (a) Signature of funeral director E. J. Schmeis
(b) Address 3125 Lafayette Ave
19. (a) JUN 3 1946 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1946 hour 4:40 minute _____ M.
21. I hereby certify that I attended the deceased from 4/23/46
_____ 19____ to 5/31/46 19____
that I last saw him alive on 5/31/46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myelogenous Leukemia Duration 2 1/2 years

Due to _____
Due to 74
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Richard C. Grant Date signed 5/31/46
Address 1515 Lafayette

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17820

#57032

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Joe B. Vollmer
Licensed Embalmer No. 4014
P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.